PTO/SB/06 (12-04)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											Application or Docket Number		
APPLICATION AS FILED - F						PART I (Column 2)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED		. 1	NUMBER EXTRA			RATE (\$)	, FEE (\$)	ľ.	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))								1			1		1
SEARCH FEE (37 CFR 1.16(k), (i), or (m))											1		
EXAMINATION FEE (37 CFR 1.18(o), (p), or (q))													
TOTAL CLAIMS (37 CFR 1.16(I))				minus 2	o = •				× 25=		OR	×50 =	Ę.
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3					x /0V =			x200=	
(37	2FK 1.10(19)			cification	and draw		exceed 100		~ /	· · · ·	ľ	1	
FEE	LICATION SIZE CFR 1.16(s))		is \$250 (\$ additional	125 for 9 50 shee	small entite ets or fracti	y) for ion th	ereof. See		·	٠.			
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								180			360		
* If the difference in column 1 is less than zero, enter *0* in column 2.									TOTAL			TOTAL	
		••	•	, .							•		
APPLICATION AS AMENDED - PART II													THAN
(Column 1) (Column 2) (Column 3)									SMALL E	NTITY	OR •	OTHER SMALL	
AMENDMENT 4	10.08.00	RE!	LAIMS MAINING AFTER INDMENT	•	HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PŘESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))		3	Minus	0	D	=		×25=		OR.	× 50=	
	Independent (37 CFR 1.16(h))	•	1	Minus	" 2	>	=		× 100 =		OR	x 200	134
S S	Application Size	on Size Fee (37 CFR 1.16(s))							·				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								180		OR	360	
								•	TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE	
		(Col	lumn 1)		(Colum	nn 2)	(Column 3)	_	٠,				
MENT T		REN A	LAIMS MAINING FTER NDMENT		HIGHE NUMBE PREVIOU PAID FO	R JSLY	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	•		Minus	**		=		x =		OR	x _ =	
_	Independent (37 CFR 1.16(h))	•		Minus	***		= .						
AMEN	Application Size Fee (37 CFR 1.16(s))								X =		OR	X =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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